

## EVACUATE A CASUALTY SKILL SHEET Table VII

For use of this form see TC 8-800; the proponent agency is TRADOC.

**REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0092, Transport a Casualty with a Suspected Spinal Injury, and Task 081-833-0155, Perform a Trauma Casualty Assessment.  
STP 21-24-SMCT: Task 081-831-0101, Request Medical Evacuation**

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. §3013

**PRINCIPAL PURPOSE:** To insure that test results are properly credited to the correct medic.

**ROUTINE USES:** This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

**DISCLOSURE:** Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

<b>SOLDIER</b> <i>(Last Name, First Name, MI)</i>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE</b> <i>(YYYYMMDD)</i>
---	-------------------------------	-------------------------------

**CONDITION:** Given a CMVS or ALICE standard packing list, equipment, unit's evacuation SOP, and 91W's skill sheets. You have encountered and treated casualties using the medical and or trauma assessments. Casualties must be evacuated from the site.

**STANDARDS:** Medic must triage all casualties in life threatening priority and sort casualties into proper evacuation categories, continue to stabilize the casualties without causing further injury. Transmit MEDEVAC request using proper radio procedures. NOTE: Per TC 8-800, the evaluated soldier must score 100% (4 points) and not miss any critical (\*) criteria on skill sheet.

CRITICAL	PERFORMANCE STEPS	POINTS POSSIBLE	POINTS AWARDED
*	<b>Takes (verbalizes) Body Substance Isolation precautions</b> <b>BSI for medic and partner</b>	<b>1</b>	
*	Triage and prioritize casualties into evacuation categories	1	
*	Continues to asses and stabilize the casualties (verbalization)	1	
*	Transmits MEDEVAC request, arranges proper evacuation per unit SOP (e.g., from casualty collection point to BAS)	1	
<b>TOTAL POINTS</b>		<b>4</b>	

<b>START TIME</b> <i>(HH:MM:SS)</i>	<b>STOP TIME</b> <i>(HH:MM:SS)</i>	<b>DEMONSTRATED PROFICIENCY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---------------------------------------	--

**EVALUATOR GUIDELINES:** Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

DA FORM 7443-18-R, JUN 2002

USAPA V1.00

This form was prepared by U.S. Government employees for use in the 91W MOS. Although it contains, in part, copyrighted material from the National Registry of Emergency Medical Technicians, Inc., Oral Station Skill Sheet ©2000, this form has neither been prepared nor approved by NREMT. Use is restricted to guidelines contained in the Preface to TC 8-800.